

09 937076

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	2
	IND.	DER.	IND.	DER.	IND.	DER.		
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TOTAL IND.	9		9					
TOTAL DER.	31		11					
TOTAL CLAIMS	40		20					
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-79)

U.S. DEPARTMENT OF COMMERCE
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